

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		10/4/00
O.I.P.E. CLASSIFIER		48	10/12/00
FORMALITY REVIEW	H-S	SC 866	11-1-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

Best Available Copy

✓ ..... Rejected      N ..... Non-rejected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	1/18/03
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3	7/1/04
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Claim	Date
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If more than 150 claims or 10 actions  
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